## **CLAIMS ONLY**

SERIAL NO. | FILING DATE | 2 - 9 - 0 / APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS		· ·				
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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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